Natural Gas Well Completion Two Day Notification

E-mail to: <u>DEPOilandGasSector@wv.gov</u>

New Source Performance Standards for Crude Oil and Natural Gas Production, Transmission and Distribution "NSPS OOOO"

SECTION I: GENERAL INFORMATION

Energy Corporation of America						
Owner or Operator Name		Division of Air Quality ID Number (If Available)				
501 56 th St. S.E.						
Street Address						
Charleston	WV	25304				
City	State	ZIP Code				
Chad Perkins <u>cperkins@energycorporationofamerica.com</u> 304-925-6100						
Facility Local Contact Name	E-Mail	Telephone Number				
Chack Derku	wa .	12/4/13.				
Signature		Date				
SECTION II: SOURCE DESCRIPTION						
Please check the proposed well flowback compliance option:						
[X] Route flowback gas [] Reinject into the we [] Other	to a completion combustion device Il or another well	[] Use on-site as a fuel source; [X] Route flowback gas to a salable gas pipeline				
2. Please complete the table below for each affected source per \$60.5365.						

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-041-05679	Farm Name: Newswanger, David Well Number: Maxwell 2	Lat-North 39.02476 Long- West 80.69611 NAD 27	12/16/13	12/16/13
47-041-05673	Farm Name: Foreman, Peter Well Number: Maxwell 7	Lat-North 39.03277 Long- West 80.69736 NAD 27	12/16/13	12/16/13

[Add rows to the table for additional wells, as necessary]